1-26-05

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Approved for use through 07/31/2006. OMB 0651-031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE rork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/681,510 BADEMARY Filing Date 4/18/2001 TRANSMITTAL First Named Inventor Shaun D. Pierce **FORM** Group Art Unit 2145 (to be used for all correspondence after initial filing) **Examiner Name Pollack** Attorney Docket Number MS1-1003US Total Number of Pages in This Submission ENCLOSURES (check all that apply) X After Allowance Communication Fee Transmittal Form Drawing(s) to Group Fee Attached Licensing-related Papers Appeal Communication to Board Petition of Appeals and Interferences \boxtimes Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence **Extension of Time Request** Status Letter Address Express Abandonment Request Other Enclosure(s) (please Terminal Disclaimer Information Disclosure Statement identify below): Request for Refund Copy of executed declaration; Certified Copy of Priority CD, Number of CD(s) return postcard; Replacement Drawings **Documents** Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Keith W. Saunders, Reg. No. 41462 Individual Name Signature 2005 Date **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

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Signature	Carly Taylor	Date	1/25	05

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betwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Under the

Effective on 12/08/2004.				Complete if Known						
Appropriations Act, 2005 (H.R. 4818).			Application Nu	mber 09	09/681,510					
FEE TRANSMITTAL For FY 2005			Filing Date	4/	4/18/2001					
			First Named In	ventor S	Shaun D. Pierce					
Applicant plains and paths status Con 27 CER 4 27				Examiner Nam	ner Name Pollack					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2145							
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docke	et No. M	IS1 -1003US	3				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULA	TION									
1. BASIC FILING			TION FEES							
	FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application Ty	rpe Fee (Fee (\$	Small Entity Fee (\$)	Fee (\$	Fee (\$)		Fees Pa	id (\$)	
Utility	300	150	500	250	200	100	_			
Design	200	100	100	50	130	65	_			
Plant	200	100	300	150	160	80	_			
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLA	NM FEES			-					mall Entity	
Fee Description			20	1 (1		1		Fee (\$)	Fee (\$)	
Each claim over: Each independen							nal natant	50 200	25 100	
Multiple dependen		or, for Reissue	s, each muep	endent ciaim n	iore man i	n me ongn	iai pateiit	360	180	
Total Claims	Extra C	aims Fee	·(\$) Fee	Paid (\$ <u>)</u>	Multiple	Dependent	Claims	300	100	
	or HP =	x 50			aid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)		5)			
HP = highest numb								<u> </u>		
Indep. Claims	<u>Extra C</u> · HP =	<u>aims</u> <u>Fee</u>		Paid (\$)				_		
HP = highest number										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification S120 for (no small entity discount)										
Non-English Specification, \$130 fee (no small entity discount) Other: Extension of Time 120.00										
SUBMITTED BY										
Signature	11:11	W. Saun A		Registration No.	41462	Tel	ephone (50	09) 324-9	256	
	Keith W. Saunde	100	ura	(Attorney/Agent)			- (00			
Name (Print/Type) Keith W. Saunders Date 1/25/2005 This collection of information is required by 37 CER 1 136. The information is required to obtain or retain a benefit by the public which is to file (and by the										

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application for the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.